

EXHIBIT 21

Morisky Medication Adherence ScaleTM (8-Item MMASTM Instrument) Copyright 2006 Donald E. Morisky. All rights reserved.		
You indicated that you are taking medication for your <health condition> . Individuals have identified several issues regarding their medication-taking behavior and we are interested in your experiences. There is no right or wrong answer. Please answer each question based on your personal experience with your <health condition> medication.		
(Please check your response below)		
	No	Yes
1. Do you sometimes forget to take your <health condition> pills?		
2. People sometimes miss taking their medications for reasons other than forgetting. Thinking over the past two weeks, were there any days when you did not take your <health condition> medicine?		
3. Have you ever cut back or stopped taking your medication without telling your doctor, because you felt worse when you took it?		
4. When you travel or leave home, do you sometimes forget to bring along your <health condition> medication?		
5. Did you take your <health condition> medicine yesterday?		
6. When you feel like your <health condition> is under control, do you sometimes stop taking your medicine?		
7. Taking medication everyday is a real inconvenience for some people. Do you ever feel hassled about sticking to your <health condition> treatment plan?		

8. How often do you have difficulty remembering to take all your medications?

(Please circle your response below)

Never/Rarely.....4

Once in a while.....3

Sometimes.....2

Usually.....1

All the time.....0